

25891 - IMPACT OF DOUBLE INCONTINENCE ON DAILY FUNCTION: INSIGHTS FROM THE CONTINUE STUDY

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Hypothesis / aims of study

The CONTINUE study focus on severe pelvic floor dysfunction and its detrimental effects on patients' quality of life (QoL) (1-3).

The aims of the study are:

- To delineate the patient profile suffering from double incontinence (urinary and faecal),
- To describe adverse impact on patients' QoL.
- To identify risk factors associated with severe double incontinence.

Study design, materials and methods

Employing a multicenter, population-based cross-sectional design, the CONTINUE study prospectively collected baseline characteristics, comorbidities, and scores from diverse questionnaires in patients of both genders over 18 years evaluated for urinary incontinence in Urology consultations.

- Urinary incontinence (ICIQ-SF) → Quality of Life (SF-36)
- Faecal incontinence (Wexner Scale) → Physical Disability (Barthel Index)

Both univariate and multivariate analyses were performed to identify risk factors for severe faecal incontinence in conjunction with urinary incontinence.

Results and interpretation

The study included 430 patients with urinary incontinence (ICIQ-SF ≥ 1)

- Mean age: 62.6 years (±13.3)
- Severe faecal incontinence (Wexner ≥ 9): 45.1% (194/430)
- Female patients: 79.5% (342/430)

Patients were further classified into six groups based on the severity of urinary (UI) and faecal incontinence (FI). The prevalence of severe faecal incontinence (Wexner >9) was notably higher in patients with severe urinary incontinence (142/261).

	ICIQ <6		ICIQ 6-12		ICIQ ≥13		TOTAL
	n	%	n	%	n	%	n
Wexner <9	27	6,28	90	20,93	119	27,67	236
Wexner >9	4	0,93	47	10,93	142	33,02	193

Figure 1: Prevalence of patients with both fecal and urinary incontinence

Across the groups, the level of independence as measured by the Barthel Index decreased in line with the severity of incontinence. The mean scores for physical function, role-physical, body pain, general health, vitality, social functioning, role-emotional, and mental health (as assessed by the SF-36) deteriorated progressively with the increasing severity of incontinence.

Notably, the subgroup with severe double incontinence showed the lowest quality of life scores and highest levels of declared health deterioration.

BARTHEL SCORES	Wexner <9			Wexner >9			TOTAL
	ICIQ <6	ICIQ 6-12	ICIQ ≥13	ICIQ <6	ICIQ 6-12	ICIQ ≥13	
n	27	89	119	4	47	142	430
Total dependency	1	1	1	0	2	3	8
Severe dependency	2	4	9	0	3	11	29
Mod. dependency	8	52	81	3	29	111	284
Slight dependency	2	15	21	0	5	8	51
Independency	14	17	7	1	8	9	56
SF 36 HEALTH STATUS mean (IC95%)	Wexner <9			Wexner >9			TOTAL
	ICIQ <6	ICIQ 6-12	ICIQ ≥13	ICIQ <6	ICIQ 6-12	ICIQ ≥13	
n	27	89	119	4	47	142	
Physical functioning	25,3 (22,6-28)	25,7 (24,4-27)	24,2 (23-25,4)	22 (8,5-35,5)	23,8 (21,9-25,7)	21,5 (20,4-22,5)	
Physical role	13,3 (10,9-15,6)	14,7 (13,6-15,7)	12,8 (11,9-13,8)	9,5 (0-20,9)	12,7 (11,3-14,2)	11,3 (10,5-12)	
Bodily pain	7,6 (6,4-8,9)	7,7 (7,1-8,4)	7,4 (6,8-8)	5,6 (0-12,6)	6,8 (5,9-7,7)	6,4 (5,9-6,9)	
General health	16,1 (14,4-18)	15,5 (14,6-16,5)	16,2 (15,4-17)	13,2 (10,8-15,6)	15,4 (14,3-16,4)	14,2 (13,4-14,9)	
Vitality	15,4 (13,7-17,2)	14,6 (13,8-15,4)	14,3 (13,6-15,1)	14,8 (6,6-22,9)	13,9 (12,7-15)	13,2 (12,6-13,8)	
Social functioning	7,6 (6,5-8,6)	7,7 (7,2-8,1)	7,3 (6,9-7,7)	5 (0,3-9,7)	6,7 (6-7,4)	6,3 (5,8-6,7)	
Emotional role	11,7 (10,3-13,2)	11,6 (10,9-12,4)	10,9 (10,2-11,6)	9,5 (2,8-16,2)	10,7 (9,7-11,8)	10 (9,3-10,7)	
Mental health	20,3 (18,4-22,3)	19,9 (19,2-20,8)	19,2 (18,3-20)	17 (6,1-28)	19,2 (17,6-20,7)	17,9 (17,2-18,7)	

Figure 2: Functional impact reported by patients with double incontinence

The association between severe faecal incontinence and lower quality of life and physical functioning scores indicates a significant burden on affected individuals. The stratification of incontinence severity revealed a direct correlation between the level of incontinence and quality of life deterioration. The group with severe double incontinence consistently reported lower quality of life and higher dependency in daily activities, underscoring the impact of dual incontinence on patients' well-being and highlighting the need for specialized management strategies.

Conclusions

The study corroborates the hypothesis that dual incontinence severity is inversely correlated with quality of life and functionality. The pronounced impact observed in the severe double incontinence group advocates for an integrated clinical approach tailored to the multifaceted needs of these patients.

References

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